

Clover

Pre-Authorization Request

Need faster turnaround times?
Go online: cloverhealth.com/pre-auth



HOW TO USE THIS FORM:

- Complete** all required fields marked with an **asterisk (*)**.
Incomplete forms may be delayed unless all required information is received.
- Attach** copies of supporting clinical information.
Required clinical documentation is listed on our website: cloverhealth.com/pre-auth-list
- Fax** this form to 1-800-308-1107
- Call** us with questions, 1-888-995-1690 to chat with our Utilization Management dept.

MEMBER INFORMATION (please print clearly)

Member Name*	Member ID*	Date of Birth* ____/____/____ (MM / DD / YYYY)
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REQUESTING PROVIDER / FACILITY INFORMATION

Requesting NPI (Provider or Facility)* _____			Requesting Contact Name	
Requesting MD/Facility Name*			Title/Dept.	
Address*			Email	
City*	State*	ZIP code*	Phone	Fax

SERVICING PROVIDER / FACILITY INFORMATION

Servicing NPI (Provider or Facility)* _____		<input type="checkbox"/> Same as requesting Provider or Facility	Servicing Contact Name	
Servicing MD/Facility Name*		Specialty*	Title/Dept.	
Address*			Email	
City*	State*	ZIP code*	Phone	Fax

AUTHORIZATION REQUEST (please attach copies of required clinical documentation)*

Service Type* <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Place of Service* <input type="checkbox"/> MD Office <input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Amg Surg. <input type="checkbox"/> Other _____	Start Date or Admission Date* ____/____/____	End Date or Discharge Date ____/____/____	
Primary Procedure Code (CPT/HCPCS)	Unit(s)	Modifier	Diagnosis Code (ICD 10)*	Service Description
Additional Procedure Code(s) (CPT/HCPCS)	Unit(s)	Modifier	Diagnosis Code (ICD 10)	Service Description

URGENT REQUEST (If applicable, explain medical need to expedite*)

Routine requests are processed on a 14 calendar day timeframe, but does not mean we will take the full 14 days as we will process according to the member's needs and no later than 72 hours if the physician documents that would place the member's health in danger.

Total Pages:

Confidentiality Notice: This electronic fax transmission (including any documents, files or previous email messages attached to it) may contain confidential information that is intended for a specific individual and purpose and that is privileged or otherwise protected by law. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, a delete this fax and notify Clover UM of the error.